**PAEDIATRIC OCCUPATIONAL THERAPY**

**SCREENING PROFORMA 7 - 16 year olds**

**This form must be completed and returned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following information is required in order to process the Occupational Therapy referral for this child.**

**In line with Departmental Policies and Procedures, the Paediatric Occupational Therapy Service can only process the referral with the completed Screening Proforma**

**This proforma forms part of the Paediatric Occupational Therapy Service Protocol for children attending mainstream schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The following information is required in order to process the Occupational Therapy referral for this child.** | |  | **School Action** |  |
| **Name:** |  |  | **IEP** |  |
| **Placement:** |  |  | **My Support** |  |
| **Date of Birth** |  |  | **EHCP** |  |

**Please can you evidence what intervention has been implemented in school to develop this child’s fine motor/independence skills. Please can you provide supporting evidence, e.g. writing tasks, dressing (including fastenings), cutlery use, hand skills (including use of scissors, etc.).**

**LITERACY/WRITING (Please tick Developmental Age)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Developmental Age** | | | | | | |  |
|  | **5 years** | **6 years** | **7 years** | **8 years** | **9 years** | **10 years** | **11+ years** | **comments** |
| **Speaking & Listening - Listening** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Reading: Letters** |  |  |  |  |  |  |  |  |
| **Reading: Word** |  |  |  |  |  |  |  |  |
| **Reading: Sentence** |  |  |  |  |  |  |  |  |
| **Reading: Comprehension** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Writing: Letters** |  |  |  |  |  |  |  |  |
| **Writing: Word** |  |  |  |  |  |  |  |  |
| **Writing: Sentences** |  |  |  |  |  |  |  |  |

**NUMERACY (Please tick Developmental Age)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Developmental Age** | | | | | | |  |
|  | **5 years** | **6 years** | **7 years** | **8 years** | **9 years** | **10 years** | **11+ years** | **comments** |
| **Numbers & the Number System** |  |  |  |  |  |  |  |  |
| **Calculations** |  |  |  |  |  |  |  |  |
| **Solving Problems** |  |  |  |  |  |  |  |  |
| **Measures, Shape & Space** |  |  |  |  |  |  |  |  |

**FINE MOTOR SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Manoeuvres pegs on pegboard using pincer grip** |  |  |  |  |  |
| **Manipulates coins/beads in hand successfully** |  |  |  |  |  |
| **Cuts along a line using correct bilateral coordination** |  |  |  |  |  |
| **Can open containers with screw tops** |  |  |  |  |  |
| **Can use scissors successfully** |  |  |  |  |  |

**GRAPHIC SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Holds pencil with a 3 / 4 fingered tripod grip** |  |  |  |  |  |
| **Keeps supporting hand on paper when writing** |  |  |  |  |  |
| **Can formulate letters of the alphabet correctly** |  |  |  |  |  |
| **Can formulate numbers 1 - 10 correctly** |  |  |  |  |  |
| **Can copy a simple sentence** |  |  |  |  |  |
| **Maintains consistent size and spacing in writing** |  |  |  |  |  |
| **Writes legibly with joined / printed writing** |  |  |  |  |  |
| **Presses hard with pencil or breaks pencil** |  |  |  |  |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**GROSS MOTOR SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Sits independently with an upright posture** |  |  |  |  |  |
| **Remains seated and still** |  |  |  |  |  |
| **Walks independently** |  |  |  |  |  |
| **Runs** |  |  |  |  |  |
| **Balances on one leg for 10 seconds** |  |  |  |  |  |
| **Jumps with two feet consecutively** |  |  |  |  |  |
| **Hops** |  |  |  |  |  |
| **Rides a two wheel bike independently (with / without stabilisers)** |  |  |  |  |  |
| **Manoeuvres around the room in a coordinated manner**  **(i.e. not bumping into others/furniture)** |  |  |  |  |  |

**BALL SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Catches a large ball in correct/forward direction** |  |  |  |  |  |
| **Throws a large ball in a straight line** |  |  |  |  |  |
| **Catches a tennis ball** |  |  |  |  |  |
| **Throws a tennis ball in a straight line** |  |  |  |  |  |
| **Throw ball/bean bag into a container** |  |  |  |  |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**INDEPENDENCE SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Dressing** |  |  |  |  |  |
| **Washing** |  |  |  |  |  |
| **Toileting** |  |  |  |  |  |
| **Eating and Drinking** |  |  |  |  |  |

**SOCIAL/COMMUNICATION SKILLS**

|  |  |
| --- | --- |
|  | **Comments** |
| **Playground Interaction** |  |
| **Social-Emotional/Self-esteem** |  |
| **Communication** |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**Completed by:**

**Designation:**

**Date:**